



Express Mail No.: EQ 104 734 954 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Jean-Marie VOGEL et al.

Confirmation No.: 6000

Application No.: 09/528,989

Group Art Unit: 1617

Filed: March 20, 2000

Examiner: Shengjun Wang

For: INJECTABLE AND SWELLABLE
MICROSPHERES FOR TISSUE BULKING

Attorney Docket No.: 9676-292-999
(CAM: 405916-999034)

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed herewith for appropriate action by the United States Patent and Trademark Office are the following documents:

1. Response and Amendment Pursuant to 37 C.F.R. § 1.111;
2. Amendment Fee Transmittal Sheet (in duplicate);
3. Petition for Extension of Time (one month) (in duplicate);
4. Terminal Disclaimer;
5. Terminal Disclaimer Fee Sheet (in duplicate); and
6. Return Post Card.

No fee is believed to be required for filing the Response and Amendment. The Commissioner is hereby authorized to charge the Petition for Extension of Time Fee for one month of \$60 and the Terminal Disclaimer Fee of \$65.00 to Jones Day Deposit Account No. 50-3013. The Commissioner is also authorized to charge any fees necessary or credit any overpayment to Jones Day Deposit Account No. 50-3013 to maintain the pendency of this application.

Respectfully submitted,

Tamera M. Pertmeo

Date:

Jan. 12, 2006

For: Anthony M. Insogna
Tamera M. Pertmeo, Ph.D. (Reg. No. 47,856)
JONES DAY

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(212) 326-3939



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AMENDMENT FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be **\$0.00**.

The claim amendment fee has been estimated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	<input checked="" type="checkbox"/> SMALL ENTITY		<input type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL 31 MINUS 29 2			x \$25	\$ 0.00	x \$50	\$ 0.00
INDEP. 1 MINUS 3 0			x \$100	\$ 0.00	x \$200	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			\$180	\$ 0.00	\$360	\$ 0.00
			TOTAL	\$ 0.00	TOTAL	\$ 0.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: Jan. 12, 2006

Tamera M. Pertmer, Ph.D. (Reg. No. 47,856)

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Enclosure